

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003968 (4)
1. Corporation Name

MOBIL EXPLORATION AND PRODUCING NORTH AMERICA INC.

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	3225 GALLONS ROAD	26	3225 GALLONS ROAD	07/29/1994	05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		95-1278820	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
FAIRFAX, VA		FAIRFAX, VA		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	22037	25	22037		

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	200002176702
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	C/D
STREET ADDRESS		1.3 STREET ADDRESS	ALLSTADT, L. W.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	3225 GALLONS ROAD
			FAIRFAX, VA 22037
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	P/D
STREET ADDRESS		2.3 STREET ADDRESS	YEAGER, J. M.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	3033 IRVING BLVD
			DALLAS, TX 75247
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	V/D
STREET ADDRESS		3.3 STREET ADDRESS	CONSTOCK, S. C.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	3225 GALLONS ROAD
			FAIRFAX, VA 22037
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	T
STREET ADDRESS		4.3 STREET ADDRESS	WATSON, W. S., Jr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	3033 IRVING BLVD.
			DALLAS, TX 75247
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	S
STREET ADDRESS		5.3 STREET ADDRESS	STEVENSON, P. A.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	3225 GALLONS ROAD
			FAIRFAX, VA 22037
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	AC
STREET ADDRESS		6.3 STREET ADDRESS	LOPEZ, S. A.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	3225 GALLONS ROAD
			FAIRFAX, VA 22037

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on my appointment with an address.

SIGNATURE: S.A. Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Controller

Date

4/23/97 (703) 846-1438

Daytime Phone #

CR2E034 (9/96)